Turning Point

The Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Grange provides personal care to up to six people living with autism and/ or a learning disability. People live in their own tenanted properties on the site. Care is provided up to twenty four hours a day as people have complex needs and may have to live with behaviours that can be challenging to themselves and others. The service is operated by Turning Point who have similar projects, care homes and other forms of support around the country.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This was an announced inspection that took place on 3 November 2017. The service was registered in October 2016 and this was the first inspection.

The service had a registered manager who was suitably qualified and experienced. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in management dealing with any issues appropriately. Turning Point had a confidential phone line for staff to report any concerns.

Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and analysed and action taken to reduce risks.

We saw that staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had suitable disciplinary procedures in place.

Medicines were appropriately managed. People had their medicines reviewed by their GP and specialist health care providers.

Staff were trained in infection control and supported people in their own environment.

This new staff team had been supported to develop appropriately. Staff were keen to learn and we saw that induction, training and supervision had helped them to give good levels of care and support.

Staff received good levels of training around principles of care in relation to people living with a learning disability and/ or autism. They were trained in specific techniques to support each person. They also had general training on supporting people with behaviours that challenge. Restraint had not been used in this service.

Consent was sought, where possible. The manager and the local authority worked together to ensure the service operated within the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to get good health care support from their own GP, specialist nurses and consultants. Staff worked with people to support and encourage them to visit dentists and other health care providers.

Staff supported people to shop, budget and cook. People were helped to take good nutrition and were encouraged to eat healthily

People in the service lived in their own flats that were secure and safe for people living with their particular disorder. Special assistive technology was used to ensure people were as safe as possible.

Staff we spoke to displayed a caring attitude. People in the service responded warmly to staff on duty. Staff understood how to support people to maintain their dignity and privacy. Staff showed both empathy and respect for people living with the symptoms of autism and learning disability. People in the service had access to advocacy but most people had a family member who took on this role.

Everyone supported by the service had been appropriately assessed. Each person had positive behavioural support plans in place as well as person centred plans that staff followed closely. These were created in an electronic format and staff changed them when needs and wishes changed. Very good reviews of care were in place helping people to get the best care possible.

People were encouraged to go out and to engage, where possible, with sport, learning and social events. Staff were aware of how difficult this was for some people and planning for activities was done at their own pace and in depth. We saw some good outcomes for people who were able to engage more with activities in the community.

Complaint procedures were in place. There had been no complaints received about the service.

The service had a suitably trained, qualified and experienced manager. Staff told us he was very visible in the service and easy to approach.

We judged that the registered manager had created a culture of openness and that staff worked in a non-discriminatory way. The atmosphere was one of enthusiasm and eagerness to give people the best care possible.

Turning Point had a suitable quality monitoring system used in all their services. This service used the quality assurance system. This was evident in internal audits and records of visits by senior officers of the provider. Good monitoring and analysis of the service was in place.

Staff and other people involved with the service were satisfied that the management arrangements were appropriate and that matters of governance were being followed to give good levels of care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in keeping vulnerable people free from harm and abuse.

Staffing levels met people's needs.

Recruitment and disciplinary matters were well managed.

Is the service effective?

Good

The service was effective

The staff team were suitably inducted, trained and supervised.

People were supported to have a healthy diet.

Where people were deprived of their liberty this was done in the least restrictive means possible.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Staff worked with people at a pace they found comfortable.

People in the service responded warmly to the staff who supported them.

Is the service responsive?

Good

The service was responsive.

Staff ensured that people had suitable care and support through good care planning.

People were encouraged to participate in meaningful activities.

The service had an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

The registered manager had developed and open and caring culture.

There was a suitable quality monitoring system in place.

Records were secure but easy to access, detailed and up to date.

The Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 November 2017 and was announced. This was the first inspection of the service as it had been registered and operational from October 2016. The provider was given 18 hours' notice because the service supports younger adults in their own homes and we needed to be sure that someone would be in.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care. We planned the inspection using this information.

We met with the five people who lived in the tenanted properties. This service is a specialist service as the people who live in the service have a learning disability or have a diagnosis of autism. Some of them may also have some difficulties managing their emotions and behaviours due to their disorders. This means they need very specialised support packages. These people do not always find it easy to communicate verbally with people they do not know. We spoke with them and observed interactions with staff.

We spoke with two family members of people who had been in the home for some time and had e-mail contact with another family.

We read all five care files which included health care files and person centred plans. We read in depth all specialised plans for managing behavioural issues. We checked on medicines managed on the behalf of people who lived in The Grange. We also looked at individual menu plans, daily and weekly planners and daily notes. We looked at the computer systems around care planning.

We met seven support workers, the administrator, the registered manager and the operations manager on the day of the visit. We read three recruitment files and four staff development files.

We also looked at quality monitoring records, records related to fire and food safety and records of individual financial transactions.

Good

Is the service safe?

Our findings

The people who used the service were not always able to explain how safe they felt but we saw that they were relaxed in their own properties and with the staff. We spoke with family members who said they, "Feel very comfortable about our [relative] living here with staff support. They are as safe as they can be...they dealt with [an accident/incident] as well as anyone possibly could. Nothing could have stopped it happening and they responded really well and told us about it. I am happy with their responses." Another relative said, "If I was really worried I would go straight to Social Services. Nothing has worried me with this service but I know what to look for like unexplained bruising or odd behaviour. I have had to do this way in the past and wouldn't hesitate but I am quite sure this service is a safe one."

We met with support staff in the service who could talk about their responsibilities in relation to safeguarding. They told us that they had received training in safeguarding and that this was also discussed in supervision and in team meetings. Turning Point had suitable policies and procedures in place and the registered manager had local contact details. The management staff understood how to make safeguarding referrals to appropriate agencies. Staff told us they felt comfortable talking to management and that they were aware of the organisations 'whistleblowing' arrangements and would use this confidential service if necessary.

The provider also had appropriate policies in place related to discrimination and human rights. These subjects were part of the induction and on-going training. The provider had equal opportunities policies in relation to personnel matters. We spoke with staff who displayed appropriate views in relation to these issues. We did not see, hear or read anything that was discriminatory in content.

We visited all the flats in the property and we saw that staff were careful about matters of security and personal safety. The service had an up to date file on property matters and on equipment in the service. The service used specialist assistive technology which alerted staff to people leaving their property and this system also allowed staff to raise any kind of alarm if there was a problem in any of the flats. We noted that this equipment and equipment for fire safety were routinely checked and the registered manager told us that. "Turning Point will buy new equipment or upgrade equipment ...if we need it, we can have it within reason." We noted that the staff team would ask for advice and equipment from occupational therapists or community nurses, if necessary.

There were suitable risk assessments and risk management plans in place for each person, for the environment and for activities. There were also contingency plans in place because some people could potentially have behavioural issues that would need careful management. We also saw a copy of the service's business continuity plan which gave detailed guidance for a number of potential crises, like flooding, that might have an impact on the service. This was done in detail and to a high standard. This was a comprehensive emergency planning document. It also contained suitable risk assessment and risk management plans for any difficulty encountered.

Any accidents or incidents were suitably managed. We had been told of one accident and we judged that

staff had managed this emergency very well and had put in place some preventative measures to lessen the risk of this re-occurring. Accidents and incidents were recorded, analysed and discussed with the registered manager in supervision. There had not been anything of concern reported in the service that had not been dealt with appropriately.

We looked at rosters for the four weeks prior to our visit. We saw that the hours allocated to each person were suitably covered. We noted that the team would talk to the commissioners of care if they felt the hours provided were not suitable. Each person had one to one support by day and at night there was a waking member of the team and a person asleep in the staff area. This worked well because of the assistive technology. Staff said the staffing arrangements worked well.

We looked at recruitment in the service by checking on personnel records. We spoke to members of staff who confirmed that background checks were made prior to them having any contact with vulnerable people. We had evidence to show that Turning Point's recruitment was done appropriately to protect people and promoted equal opportunities. The provider encouraged people who lived in their services to participate in the recruitment process, where possible. The provider had suitable disciplinary procedures in place and we had evidence to show that the registered manager followed these when necessary.

Each person had individual procedures in place for their support in taking medicines. Staff understood these and we saw good records of medicines. We checked records and medication in three of the five occupied properties. These were in order. Medicines were stored in each person's flat. Staff gave medicines from the bottles or packaging they came in but the registered manager was considering accessing a monitored dosage system and changing the storage a little to make easier for staff, lessen risk and in the future might help people to manage some of their own medicines.

Some medicines were prescribed by GPs but some of the stronger medicines were prescribed by psychiatrists and monitored by the staff and by the specialist community learning disability nurses. We had evidence to show that the team asked for medicine reviews for people to ensure they were being given the right medicines for their needs. We noted that sedative medicines were kept to a minimum and reviewed regularly. A learning disability nurse told us, "The leadership extends to very careful reflection and then clear decision making in and around issues of medication (specifically urgent reactive support)".

People's properties were clean and orderly and we saw a staff member cleaning and disinfecting a bathroom area. We talked to staff about infection control issues and saw that the staff used suitable methods when personal care matters might increase the risk of cross infection or re-infection. Staff were aware that they needed to help people do some deep cleaning in their flats because they had been living there for some time. There were plans in place to clean carpets and do other cleaning tasks before Christmas. There was personal protection equipment readily available in the properties. Staff told us they had received training. We saw this in the training plan and we had evidence to show that there were suitable policies and procedures in place and guidance in the business continuity plan.

We had evidence to show that this service analysed and reflected on the way the service was being run. The registered manager adopted a 'lessons learned' approach and we saw that he had reflected on the systems used to support medicines when errors had been made. We also noted that deployment of staff and care planning systems were analysed and reflected on to ensure that any matters arising would be used to ensure that improvements were made to ensure people received the best care and services possible in the service.

Good

Is the service effective?

Our findings

We spoke with relatives about the initial assessment and their views of the efficacy of the service. One person told us: "[The registered manager] has been very supportive towards us...meeting [our relative] in different environments to see if they would be able to meet their needs" and "We have also met some of Turning Points employees, who seem to enjoy their jobs and are enthusiastic to meet and work with [our relative]."

When we looked at hand-over notes, care plans and meeting minutes we saw that assessment of individual need had been done prior to admission and that this was done on an on-going basis. We also noted that, when appropriate, health and social care professionals would assess and reassess people's needs and goals. We saw that despite the service only being operational for a year there had been effective outcomes reached for some people. For most of the people in the service this was their first experience of living in their own home and they had settled well, had made community contacts and engaged in activities. People were gradually having time when staff were not constantly with them because there was considered use of assistive technology to alert staff of any crisis. This showed that even after only a few months the service was providing effective outcomes for people.

We checked on the training records for the service and we saw that all the staff had completed the training that the provider deemed to be necessary for support workers. Staff had attended training before the service had started and some staff were on the point of receiving refresher training. We saw that each person had received training in understanding autism, learning disability and managing behaviours that challenge. Each team member had attended training in relation to supporting people from a positive behaviour stand point. Staff told us that restraint had not been used and that it would not be used in the service. We saw that alternative strategies were in place in each person's file, which would lessen the risk of any restraint being needed.

We noted that staff had been given regular supervision. There were records of planned and 'ad-hoc' supervision in place. These covered the work people did with individuals, working in a team and their own personal development needs. The registered manager was beginning to plan annual appraisals for staff who had been employed since the service started. Staff confirmed that they had been given suitable induction and good support to develop in their role. We saw records which were detailed, related to the work people did and helped them to widen their knowledge.

Each person was supported to participate in shopping, cooking and managing their own dietary needs as much as possible. Staff told us that if people were not eating well they would take advice from dieticians and other professionals. Food preferences and nutritional needs were recorded in care plans. We saw that staff cooked for (and with) each person and tried to provide healthy choices where possible. Some people had a lot of support and encouragement to follow a good diet and to take sufficient liquids. Staff recorded nutritional intake where there were issues.

We looked at the care files for everyone who was supported in this service. We had evidence to show that

people received suitable health care support. People, where necessary, had appropriate support from psychiatrists and psychologists who were specialists in the care of people with autism or a learning disability. They also had regular contact with the local GP's and community nurses. Staff encouraged and supported people to go to appointments with other health professionals like dentists or opticians, wherever possible. Detailed plans were in place for one person to attend an appointment for tests at the local hospital. Everyone had a 'hospital passport' in place and staff would support people if tests or a stay in hospital was called for.

The Grange was an older property that had been adapted to provide six flats for people living with a learning disability. People were tenants and these flats were their home. The staff team supported people to maintain their own homes and we saw in notes and when visiting people that they did this very well. The flats reflected people's needs and preferences. Another property was being considered with specialist furnishings and fittings to support a potential tenant. A staff team was on site at all times to give them support. The staff had their own kitchen, sleeping-in room and other facilities. The Grange was an effective service for people and the staff who supported them.

We spoke to staff who told us how important it was to communicate with each other because of the planned approach they had to give to people in the service who were living with autism or a learning disability. They told us that they discussed issues together and gave detailed handovers to each shift. We heard some of these detailed exchanges when we visited where staff were considering the best approach.

Some people supported by the service found giving consent difficult and we noted that family members, advocates and health and social care practitioners were all involved in 'best interest' reviews when major decisions needed to be made. We also saw that people were given the opportunity to give their consent where possible. We witnessed one person being asked about how they wanted to travel to visit a family member; another person being asked about the food they wanted and yet another consenting to activities, chores, shopping and cooking.

Staff in the service understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People who lived in the service needed to have very individualised support and the staff team did consider that they deprived some people of their liberty to some extent. Staff used the least restrictive means possible when supporting people. We saw that applications had been made to the Court of Protection and the provider was complying with those orders that had already been granted.

Good

Is the service caring?

Our findings

We were told by the staff that people supported by this service had been assessed as having, "Moderate to severe" learning disabilities or autism. It was therefor difficult for people to express verbally how caring they judged the staff to be. We measured this out come by observation, listening to staff talk about people and by the way support planning and daily records were written. We saw that the people in the service were able to use non-verbal ways to show us what they felt about the caring nature of the service.

We spoke with relatives who told us they judged the staff team to be, "Very caring" and "Great staff...really understand the needs. They have a good relationship with my [relative]".

We observed people responding warmly to staff. Staff were hugged and people made good eye contact with the support staff. They responded well to staff guiding and supporting them in tasks. We saw that staff understood people's preferences and routines. Staff understood that following routines helped people feel comfortable and safe in their environment. We also noted that staff could avert behaviours that were not part of social norms. This was done with care and at a pace which people responded to.

People looked well and well cared for. They had been helped with personal care and grooming. The people we met were relaxed and comfortable and we spent time with each of them, even when meeting new people was difficult for them. We judged that staff were closely observing these meetings so that they would not distress individuals. We had read care plans which made us aware of how people were cared for and how to pick up cues where people were beginning to feel uncomfortable.

Staff displayed appropriate values when talking about people with learning disabilities and people living with autism. We spent time with the staff team on duty during our visit. They spoke about people with warmth and affection. They were clear and objective when discussing the individuals they supported and no one made any judgemental statements. Care files were written clearly and without judgmental or prejudiced statements. We observed genuine acceptance and caring. Staff told us that the registered manager helped them to have appropriate supportive relationships with people.

We noted that staff spent time together discussing individual's well-being. We listened to these discussions about people's well-being and judged the exchanges to be genuinely caring and showed how much staff cared about the people using the service. They gave people time and space when explaining interactions with them. Staff understood the need for confidentiality and privacy. Staff gave examples of how they encouraged people to maintain their dignity during personal care support. People were given their own space within their flats and staff timed interventions to allow this to happen safely.

The people supported by The Grange could access independent advocates where necessary. They all had relatives who would act as advocates on their behalf. The staff team worked with families in an open and appropriate way. We were impressed by the caring attitude of the registered manager and the team when discussing how people fitted into their family groups. The registered manager said that he discussed the family backgrounds with the team. He said he needed staff to understand how challenging it was for families

to allow their young adults to start living independently. "It is difficult for any parent but much more so for these families and my staff need to understand this." We heard him talk to a relative and this was done with professionalism and empathy. Another relative told us, " It isn't an easy thing to let go of your children, especially one who is...vulnerable." This person told us that they felt "privileged" to have the services of The Grange because the team seemed to understand their fears and worries.

Good

Is the service responsive?

Our findings

One person showed us their goal planning and helped us understand that this was really important to them and that they had reached some of their goals and were planning more. Relatives said they, "Were kept fully informed and asked about preferences and abilities. We are consulted about care and I think they have written a good plan. It changes when [my relative] changes and I think it meets the needs well."

Relatives also confirmed that people had meaningful activities. One person said, "They get out every day somewhere and that's what is needed...They are helping [my relative] to be a bit more independent. That's important to me as I am at the time of life when I need to know they will be happy and settled after my time."

We read all of the care and support files for people in the service. Each file had an up to date support plan, a health action plan and a hospital passport. Where appropriate the file also contained a positive behavioural support plan. "Positive Behaviour Support" (PBS) gave staff an understanding of how to support people to be, as staff said, "The best they can be..." This system allowed the care planning to be easy to follow, whilst also including all the minute details of how to follow people's routines. These were all supported by initial and on-going assessment. We noted that the care planning processes were fluid and changing to respond to needs and preferences. The people who lived in the service had all been there for less than a year and the staff team felt that they were still getting to know them. We noted that there was a lot of discussion about how to help and support people.

This service used a computer based system for assessment and care planning. We looked at some of these electronic records. These showed that team members used this system to update assessment and care planning. The registered manager told us that each team member could make these amendments and that there were regular updates to the details in the support plans. The system provided a quality trail to show how care was delivered. We saw that this approach allowed staff to give people the best support possible. Staff recorded what worked well, what caused people problems, advice from professionals and other interested parties. We judged that the care planning in this service was extremely responsive to the complex and changing needs of people.

We noted that care planning was supported by regular reviews of people's care needs. These review meetings might result in updates to guidance on how to support people with a physical or psychological health issue. They might also result in an update to positive behavioural support plans. The team took advice from health and social care professionals including specialists in managing behaviours that challenge. Goal planning reflected the needs and abilities of people the team supported. One person had joined a running club and met one of their goals, others had managed to go to a supermarket or attend a health appointment for the first time. Staff treated all of these as equally important evidence of progress in care planning.

People had individual weekly planners that gave them a structure to each day and fitted into the PBS approach. Some people were very active and enjoyed swimming, fell walking, running and other sports.

Some people still needed to develop their confidence in participating in activities with other people but others wanted to go out to social events. Staff encouraged people to do as much as possible in their own flats. Some people cooked and did some of their own chores. These were part of the independence building goals for some individuals. A great deal of planning went in to these individual activities. The staff had made arrangements so that activities could be undertaken without unsettling the individual. Activities, hobbies and entertainment were individualised and were arranged around the preference and ability of each person.

A social worker told us, "The people 'The Grange' staff team support (and I am directly involved with several), present with substantial needs in a number of different areas of their lives. Despite this, the emphasis is placed on optimising their community presence and participation and, where restriction is needed, this is transparently undertaken in order to expedite a freedom."

Turning Point had a suitable complaints procedure and service users had access to this in an easy read format, where necessary. There had been no formal complaints received. Families were also given access to the complaints procedure and they told us that there had been no issues to complain about. The relatives we spoke with all said, "I would talk to the registered manager and he would deal with any complaint."

People in the service were in their twenties and the registered manager said that 'End of Life' care had not been raised with them or their families. The operations manager confirmed that training was available as part of Turning Point's training plan if staff wanted to do this. The registered manager said that they had good support from local GP surgeries and they could access specialist support if necessary. This relatively new service were planning how they would look at these matters in the future.

Good

Is the service well-led?

Our findings

Relatives told us that the registered manager, "Has been very supportive towards us and [our relative]. He has listened to any concerns we have had and made suggestions around them or calmed any fears we have had". Relatives told us they trusted the registered manager. One person said, "He will do his best to get things right [for our relative]. We don't hesitate to talk to him and he keeps us informed."

The service had a suitably qualified and experienced manager who was registered with the Care Quality Commission. He had worked in the service since it opened but had only been in his role for around six months. He had extensive experience and training in care and management. Discussions with him showed us that he was fully aware of his responsibilities under the law. We had confirmation from the operations manager that the provider was very satisfied with the way he was managing the service.

His management style had been welcomed by staff and he had quickly established the values expected of staff. We were impressed with his knowledge of the needs and preferences of every person in the service, their families and their personal histories. A social worker told us, "The registered manager was extremely helpful to me within this process [of transitioning a person to the service], professional in his manner and insightful to the needs of the person, especially around interpersonal relationships, environmental and safety needs and the legal aspects of this service provision."

The registered manager was also aware of the strengths and needs of his staff team. The staff said he was, "Easy to talk to...and very committed to the care of our people." One staff member told us, "I have never before worked somewhere where the registered manager had such a presence in the service. He is always here to guide and support the people and the staff. There is an easy feel to this place and that helps staff to work well and to make suggestions that help the people we care for."

We noted that the atmosphere was relaxed and open. The registered manager was very enthusiasm and talked about the work with a passion. He said that he did not want a static service, "We don't want a ground hog approach to supporting people...we want them to be the best they can. My vision is to keep staff trying to imagine something better for people with a learning disability or with autism."

The registered manager was aware of up to date good practice and had introduced things like positive behavioural support (PBS), which has an upbeat approach to giving the right kind of support to people who had many challenges to contend with. We also saw that he encouraged the staff to see the people they supported as human beings with strengths as well as needs. His leadership style encouraged staff to be enthusiastic about the work and to be realistic about the goal setting they did. A staff member said, "I really love working here...management understand it's not always easy and we get lots of support. We can ask for help when we feel a bit stressed by the work and we are helped in a very pro-active way so that we can carry on giving our best."

We spoke with staff about the values and behaviours that the provider expected of the staff. They could discuss these with us and we saw examples of adherence to these with staff talking positively about people

and having a good understanding of autism, behavioural challenges and person centred care. They told us that management took the lead in promoting positive values.

Staff were aware of the management structure and were positive about working for Turning Point. One person said, "Such a good place to work and I feel confident with [the provider] ...really good organisation to work for...all for the people we care for." We learned from the registered manager and the operations manager that the management structure had been evaluated and that changes were planned to strengthen the governance of the service. This was a relatively new service and we judged that the provider was open to adapting and changing the structure to get the optimal system of management in place.

We learned that improvements were made as a result of on-going quality monitoring in the service. There were regular internal and external audits of quality in place. Surveys were sent to people and families and other professionals involved in the care of the person. We saw computer based audits of care planning, paper records of medicines management and good records of things like accident analysis, maintenance of equipment and personnel records' reviews. Turning Point had a quality assurance system that was used throughout the country in all their services. We looked at the policies and procedures and at quality standards and monitoring records.

The registered manager had looked at some of the issues brought up through the monitoring of quality. Some matters around medicines administration had been changed after the quality audits had highlighted areas for improvement. The registered manager had started to analyse the outcomes of quality audits through a 'health check' that looked at areas for change and improvement, threats and emerging opportunities. We also learned about forward planning for changes to the service and a possible extension of the services already provided. This was done to a high standard and showed that this was a service that was keen to develop and improve through careful planning. It also showed that the registered manager and the provider listened to people who were in receipt of their services and to people involved in their care and support.

We looked at a variety of records kept both electronically and in paper form. These were kept securely but were easy to access and to follow. We saw that the electronic 'share point' system allowed staff to record changes and achievements quickly and efficiently. We were impressed with the quality of the record keeping and judged this 'share point' system to be a very good way of engaging staff, recording the details of care delivery in a very efficient way and providing a quality trail for analysis of progress. A social worker told us that, "Their record keeping is to such a high standard that it has also been positively acknowledged during other assessment processes i.e. Continuing Health Care".

Health and social care professionals were very positive about the partnership working that went on in the service. They told us that the registered manager and his team worked well with them to ensure the best possible care for the people in the service. A social worker told us, "I can say that in preparation and engagement with this Turning Point service they were excellent and very supportive in developing the service specification and working closely and sensitively with the person's family, engaging with them and involving them well in the process."